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Bib Data Sheet

CONFIRMATION NO. 5130

<b>SERIAL NUMBER</b> 09/422,121	<b>FILING OR 371(c) DATE</b> 10/20/1999 <b>RULE</b>	<b>CLASS</b> 345	<b>GROUP ART UNIT</b> 2611	<b>ATTORNEY DOCKET NO.</b> TIVO0004
<b>APPLICANTS</b> JAMES M. BARTON, LOS GATOS, CA; BRIAN BEACH, SANTA CRUZ, CA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/127,178, 03/30/1999				
<b>** FOREIGN APPLICATIONS *****</b> <i>OK LR</i> <i>Name NY</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 11/10/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 84
				<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> HICKMAN, PALERMO, TRUONG & BECKER LLP 1600 WILLOW STREET SAN JOSE, CA 95125-5106				
<b>TITLE</b> DATA STORAGE MANAGEMENT AND SCHEDULING SYSTEM				
<b>FILING FEE RECEIVED</b> 956	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

SERIAL NUMBER 09/422,121	FILING DATE 10/20/99	CLASS 386	GROUP ART UNIT 2712	ATTORNEY DOCKET NO. TIVO0004
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APPLICANT

JAMES M. BARTON, LOS GATOS, CA; BRIAN BEACH, SANTA CRUZ, CA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

INSERT CONT. DATA

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/10/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 84	INDEPENDENT CLAIMS 3
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS

SEE CUSTOMER NUMBER: 022862

TITLE

DATA STORAGE MANAGEMENT AND SCHEDULING SYSTEM

FILING FEE RECEIVED  \$956	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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